

FILED FEB 24 1942

Registration District No.

Primary Registration District No.

1002

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Little Sisters of the Poor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME PHILIP RUEPPEL

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Minnie Rueppel 6. (c) Age of husband or wife if alive 1866
7. Birth date of deceased Feb. 8
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 16 If less than one day
hr. min.

9. Birthplace Don't Know
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business.....

12. Name John Rueppel

13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Baumann

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Laurence

(b) Address 3400 So. Grand Blvd.

17. (a) Burial (b) Date thereof 1/26/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director G. J. Bredich

(b) Address 2842 Neramec St.

19. (a) Jan. 26, 1942 (b) J. J. Bredich
(Date of burial or removal) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3400 So. Grand Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24,
year 1942 hour 10; minute 30A. M.

21. I hereby certify that I attended the deceased from Nov 19 to Jan 24
that I last saw him alive on Jan 20
and that death occurred on the date and hour stated above.

Immediate cause of death
Arterio Cardio Sclerosis

Due to Cerebral Arterio Sclerosis

Due to Sclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 77

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)

Means of injury.....

23. Signature J. J. Bredich (M. D. or other)

Address Univ Club Date signed Jan 24

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Joseph S. Benz

Registered Apprentice No. 218

working under my personal supervision.

Signed

Loren E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.